

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	5					
3	8					
4	6					
5	8					
6	8					
7	8					
8	9					
9	11					
10	13					
11	13					
12	13					
13	13					
14	13					
15	13					
16	13					
17	13					
18	13					
19	1					
20	1					
21	2					
22	1					
23	1					
24	1					
25	1					
26	1					
27	1					
28	1					
29	1					
30	1					
31	1					
32	1					
33	1					
34	1					
35	1					
36	1					
37	1					
38	1					
39	1					
40	1					
41	1					
42	1					
43	1					
44	1					
45	1					
46	1					
47	1					
48	1					
49	1					
50	1					
<b>TOTAL IND.</b>	<b>48</b>					
<b>TOTAL DEP.</b>	<b>48</b>					
<b>TOTAL CLAIMS</b>	<b>48</b>					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
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90						
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92						
93						
94						
95						
96						
97						
98						
99						
100						
<b>TOTAL IND.</b>						
<b>TOTAL DEP.</b>						
<b>TOTAL CLAIMS</b>						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS